

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

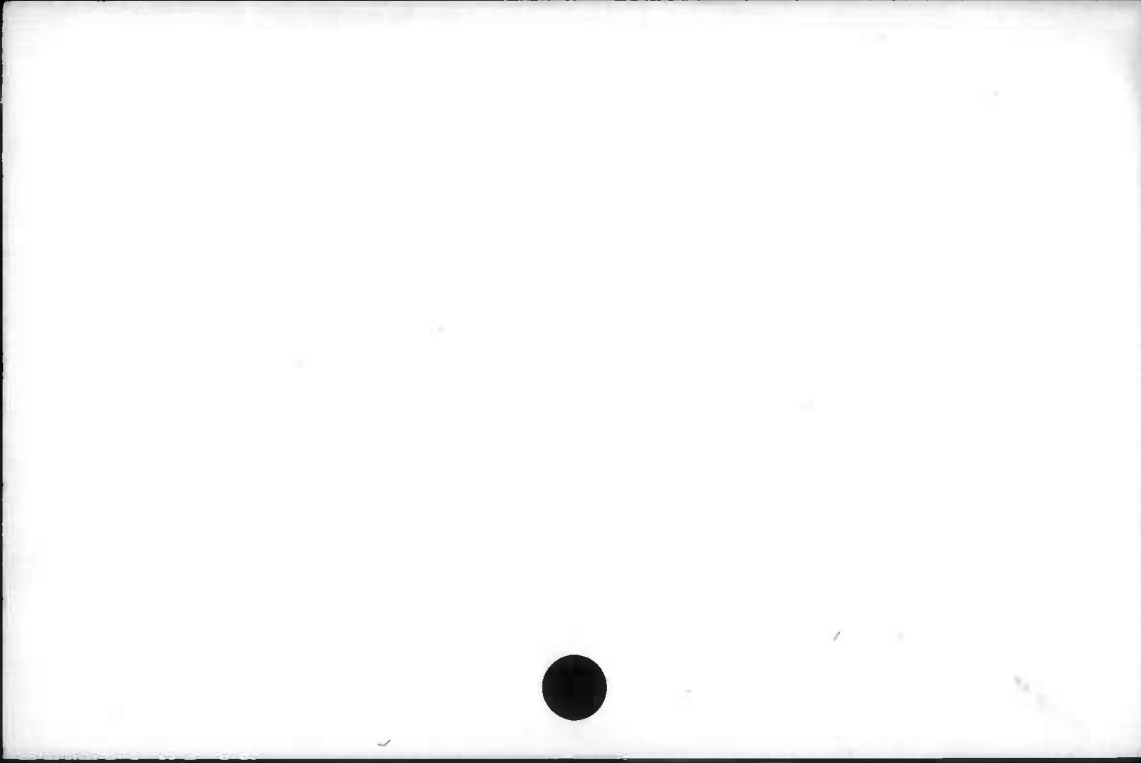
Name <i>Joseph F Adams</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		State <i>Mass</i>	
Died at <i>Cambridge</i>		Month <i>Oct</i>		Day <i>16</i>		Year <i>1909</i>	
Date of death <i>1909 Oct-16</i>		Age <i>56</i>		Months <i>56</i>		Days <i>56</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Laksville</i>			
Occupation <i>Oyster Packer</i>		Where Reaiding if not at place of death <i>Cambridge</i>					
Married, Single or Widowed <i>Married</i>		Names of Wife or Husband <i>Emily Adams</i>					
Fethar's Name <i>William Adams</i>		Fether's Birthplace <i>Laksville</i>					
Mother's Maiden Name <i>Emily Mc Alister</i>		Mother's Birthplace <i>Laksville</i>					
Name of person giving Information <i>Melvin Willey</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>45 minutes</i>
Immediate <i>Heart failure</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John J. [illegible]</i>
	Address <i>Cambridge Mass</i>
Accident or Suicide	



Name
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CERTIFICATE OF DEATH

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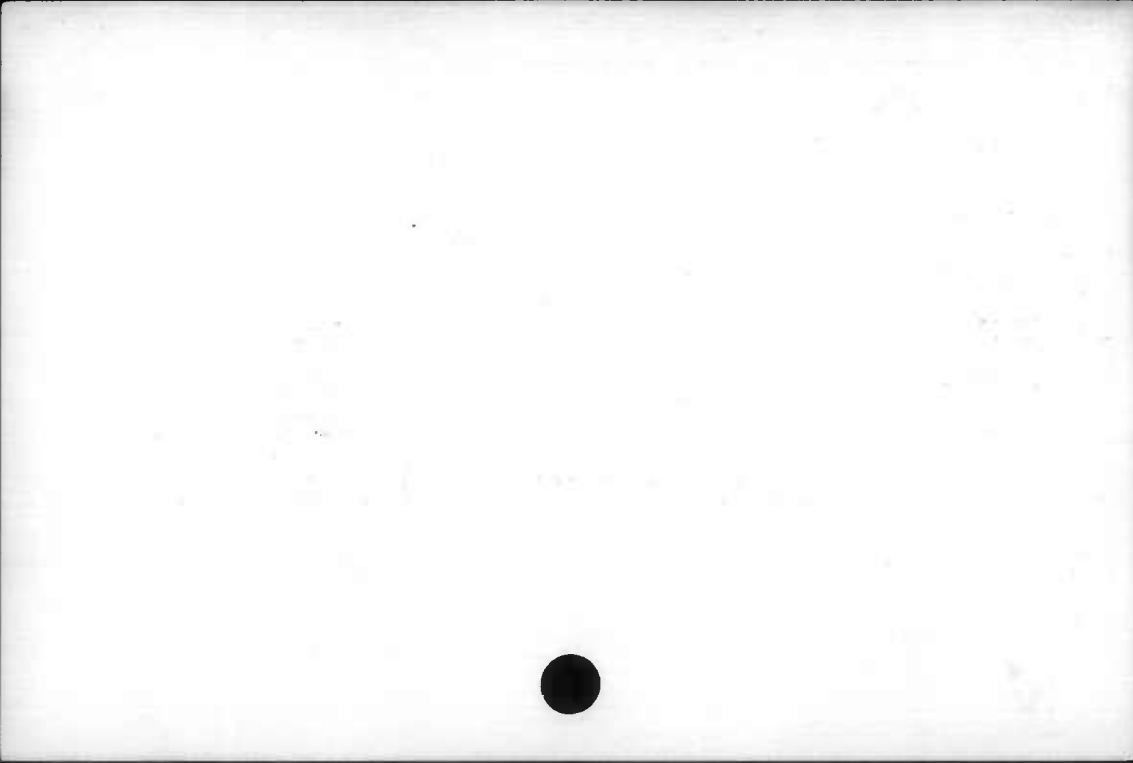
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	28	47			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	House Wife		Where Residing if not at place of death		Cambridge Md		
Married, Single or Widowed	Married		Name of Wife or Husband		Charles E. Siery		
Father's Name	Dean Kimmer		Father's Birthplace		Maryland		
Mother's Maiden Name	Lizzie Le Compte		Mother's Birthplace		"		
Name of person giving Information	Charles E. Siery		How related to deceased		Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulm. Tuberculosis	How long	1 year
Immediate	Gradual Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Guy Stule
8		Address	Cambridge, Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Willis Anderson

Town

County

MARYLAND

Died at

Cambridge

Storchester

Date

of death

1909

Oct

Day

28

Age

Years

62

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Richmond Va.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Maggie Anderson

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Maggie Anderson

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Nephritis

How long

Several Mos

Immediate

Cardiac Failure

How long

Several hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Lester J. Reynolds MD

Address

Cambridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Sancti Bailey* Town *Hurlock* County *Perchesville*

Date of death 1909 *Oct* Month *9th* Day *41* Years *41* Months *-* Days *-*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Wash & Iron* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Harrison Bailey*

Father's Name *Thomas Perring Low* Father's Birthplace *Ind*

Mother's Maiden Name *Annie Phillipe* Mother's Birthplace *Ind*

Name of person giving Information *Thomas Perring Low* How related to deceased *Father*

CAUSES OF DEATH

79

Primary *Valvular disease of Heart* How long *2 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Maguire
Hurlock Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles H. Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salon</u> ^{Town}		<u>Bonchester</u> ^{County}		MARYLAND	
Date of death	1909	Month	Oct	Day	41
Age	64	Years		Months	10
Sex	Male	Color or Race	white	Birthplace	Bor. Co. Md.
Occupation	Brookkeeper		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Helen Holston		
Father's Name	Peter Barnett		Father's Birthplace	Bor. Co. Md.	
Mother's Maiden Name	Eliza		Mother's Birthplace	Bor. Co. Md.	
Name of person giving Information	Chas. Barnett		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular Heart Disease</u>		How long	<u>not known</u>
Immediate	<u>acute heart failure</u>		Found dead in bed	
Are the name, age, sex, color, date and place correctly given above?		<u>Yhs</u>	Signature of Physician	<u>Guy Stule</u>
			Address	<u>Cambridge Md.</u>
Accident or Suicide				

79



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Not Named Bradley* Town *Stell Bown* County *Dor* MARYLAND
Died at
Date of death *1909* Month *10* Day *31st* Age *—* Years *—* Months *—* Days *—*
Sex *female* Color or Race *White* Birth-place *Dor les*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *John Bradley* Father's Birthplace *Dor les*
Mother's Maiden Name *Mary Mcbarty* Mother's Birthplace *Dor les*
Name of person giving Information *Eliza Aldrich* How related to deceased *None*

CAUSES OF DEATH

Primary *Stell Bown*

How long *—*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide *yes*

Robert L. Hastings, Local Registrar
OFFICE SUPPLY CO. 2364



Name
in
Full

Elizabeth A Brohawn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester Co MARYLAND

Date of death 1909 Oct 21 Age 67 9 Months 4 Days

Sex Female Color or Race White Birth-place Dorchester

Occupation House Keeper Where Residing if not at place of death Cambridge

Married, Single or Widowed Widowed Name of Wife or Husband M. E. Brohawn

Father's Name DONT-KNOW Father's Birthplace DONT-KNOW

Mother's Maiden Name Ann Brohawn Mother's Birthplace Dorchester

Name of person giving Information E H Brohawn How related to deceased Son

CAUSES OF DEATH

64

✓

Primary Bright's renal arterio sclerosis

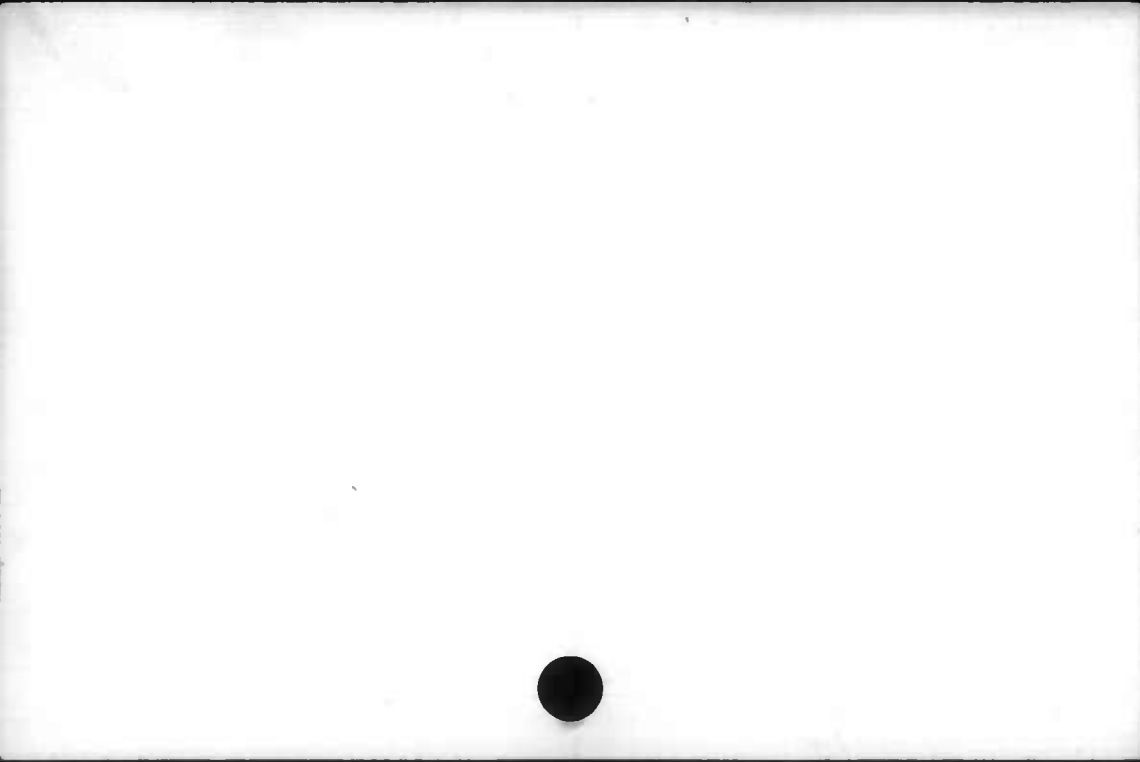
Immediate Central thrombosis

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician E. H. Brohawn

Address Cambridge Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John A Busta Town Cambodge County Dorchester two MARYLAND
Died at
Date of death 1909 Oct 11 Age 56 Months Days
Sex male Color or Race White Birth-place Europe
Occupation Laborer Where Residing if not at place of death Cambodge
Married, Single or Widowed Widower Name of Wife or Husband Mary Busta
Father's Name John A Busta Father's Birthplace Europe
Mother's Maiden Name dont know Mother's Birthplace dont know
Name of person giving Information John Busta How related to deceased Son

CAUSES OF DEATH

106

Primary Diarrhoea How long 6 months

Immediate exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
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Full

Bessie Cephas.

CERTIFICATE OF DEATH

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NEAREST FRIEND

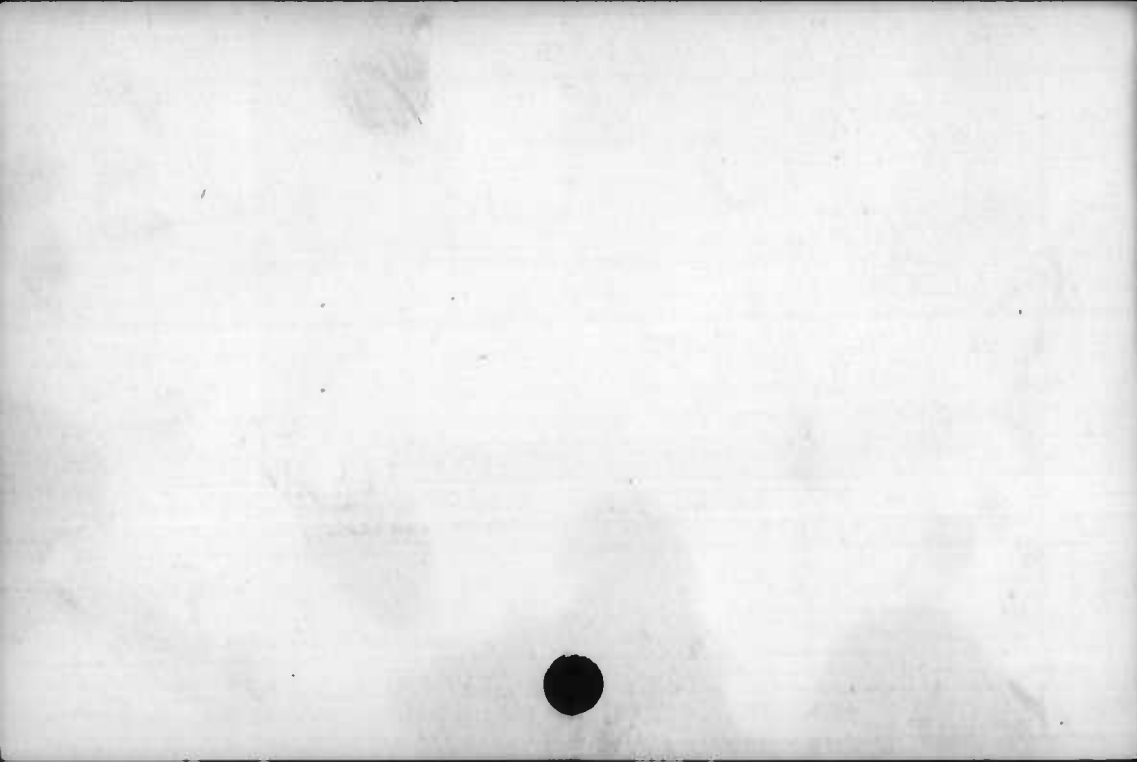
Died at <i>near Finchville</i> ^{Town} <i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>October</i> ^{Day} <i>11</i> ^{Years} <i>5</i>	Age <i>5</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black.</i>	Birth-place <i>Dorchester Co. Md.</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Peter Cephas.</i>	Father's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Eliza Bolden.</i>	Mother's Birthplace <i>Dor. Co. Md.</i>		
Name of person giving information <i>Peter Cephas</i>	How related to deceased <i>Father.</i>		

CAUSES OF DEATH

⑥ ✓

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>4-weeks.</i>
Immediate <i>Pneumonia</i>	How long <i>1- "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. R. Jones Coroner</i>
	Address <i>Coke Grove Rd.</i>
Accident or Suicide?	<i>R. F. D.</i>



Name
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Thomas Granville Cephur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 190 9 Oct Month 2 Day 3 Age — Years 11 Months 11 Days

Sex Male Color or Race colored Birth-place Cambridge

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Herman Cephur Father's Birthplace Vienna Ma

Mother's Maiden Name Vigie E. Green Mother's Birthplace Madison

Name of person giving Information Herman Cephur How related to deceased Father

CAUSES OF DEATH

Primary Enterocolitis

Immediate Exhaustion

How long 106 ✓

How long not long

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician E. H. Wolff

Address Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
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CERTIFICATE OF DEATH

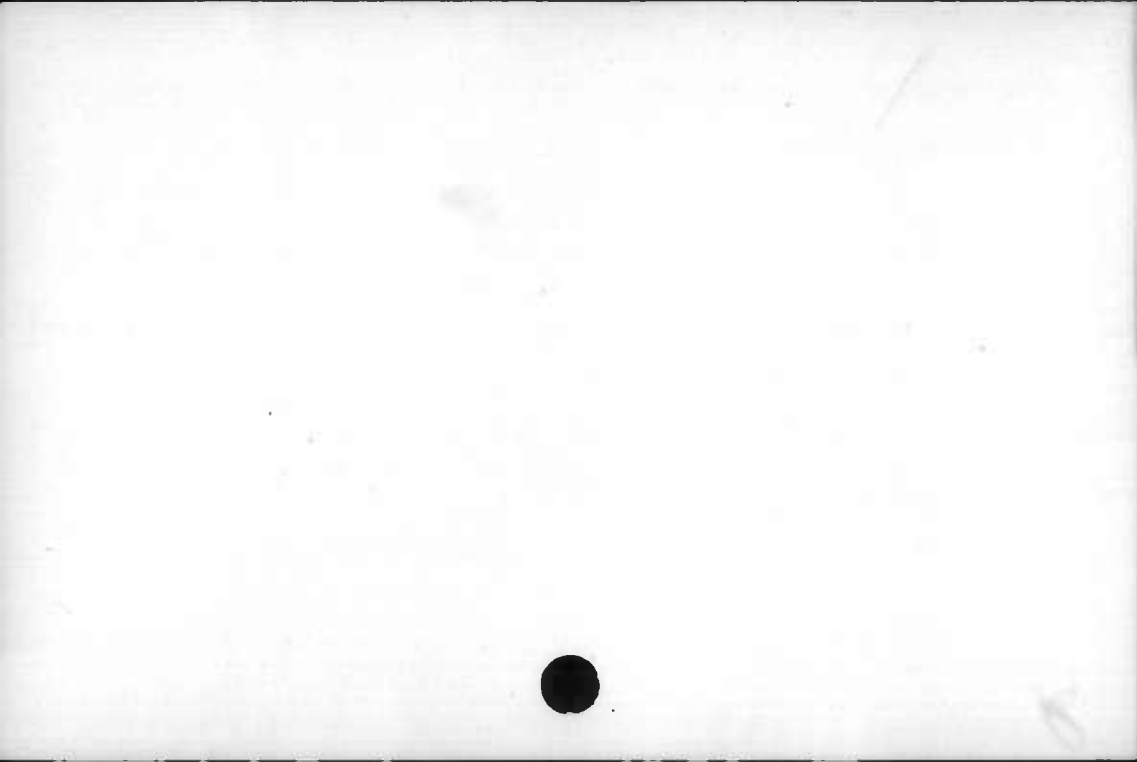
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <u>Golden Hill</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1909	Month	Oct.	Day	14 th
Sex	Female	Color or Race	Colored	Years	3
Occupation	none	Birth-place	Dorchester	Months	10
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John W. Chester		Father's Birthplace	
Mother's Maiden Name		Lorissa V. Cooper		Mother's Birthplace	
Name of person giving information		John W. Chester		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Hydrocephalus	How long	6 years
Immediate	Typhoid Fever, Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. Hueston, M.D.	
Address		Fishing Creek, Ind.	
Accident or Suicide?			



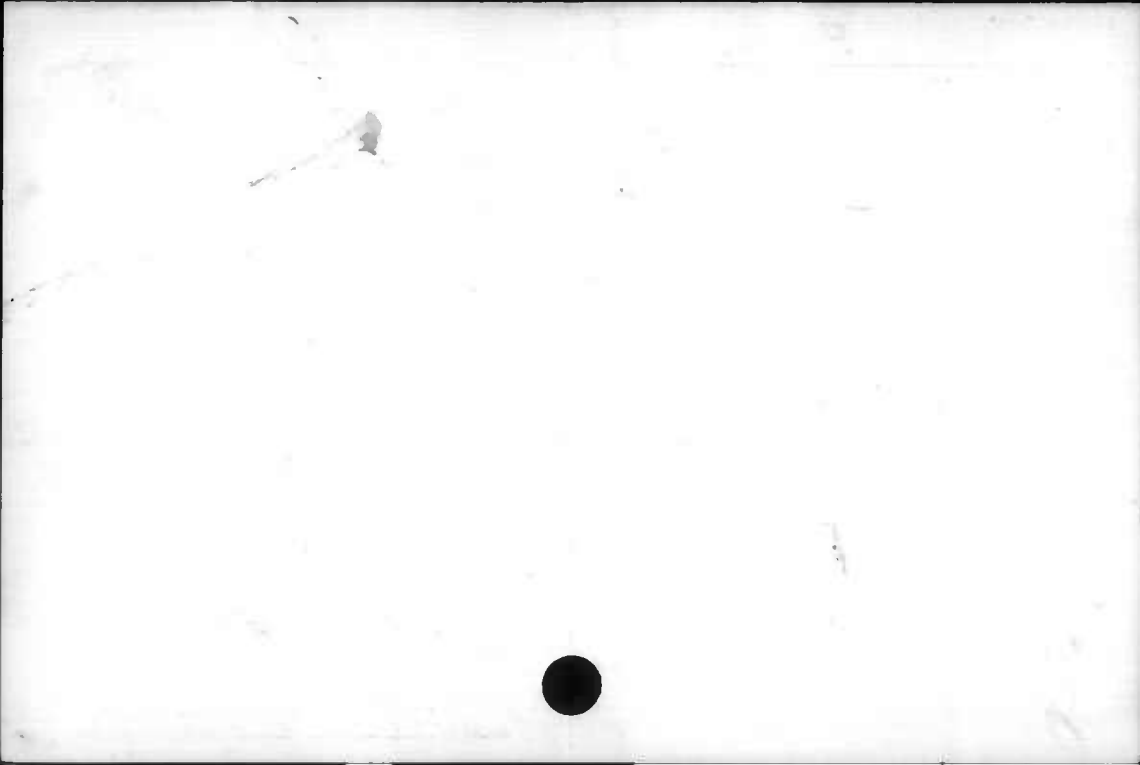
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name <i>Mary A. Christian</i>		Town <i>Near Vinchville</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>25</i>		Years <i>54</i>	
Date of death <i>1909</i>		Age <i>54</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Dorchester Co. Md.</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single <i>or Widowed</i>		Name of Wife or <i>John H. Christian.</i> Husband					
Father's Name <i>Israel Coulbourne</i>		Father's Birthplace <i>Dor. Co. Md.</i>					
Mother's Maiden Name <i>Moriah Nutter</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>John H. Christian.</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

Primary	<i>Apoplexy</i>	64	How long <i>1 day</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. J. Brooks.</i>	
		Address <i>Federalburg Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

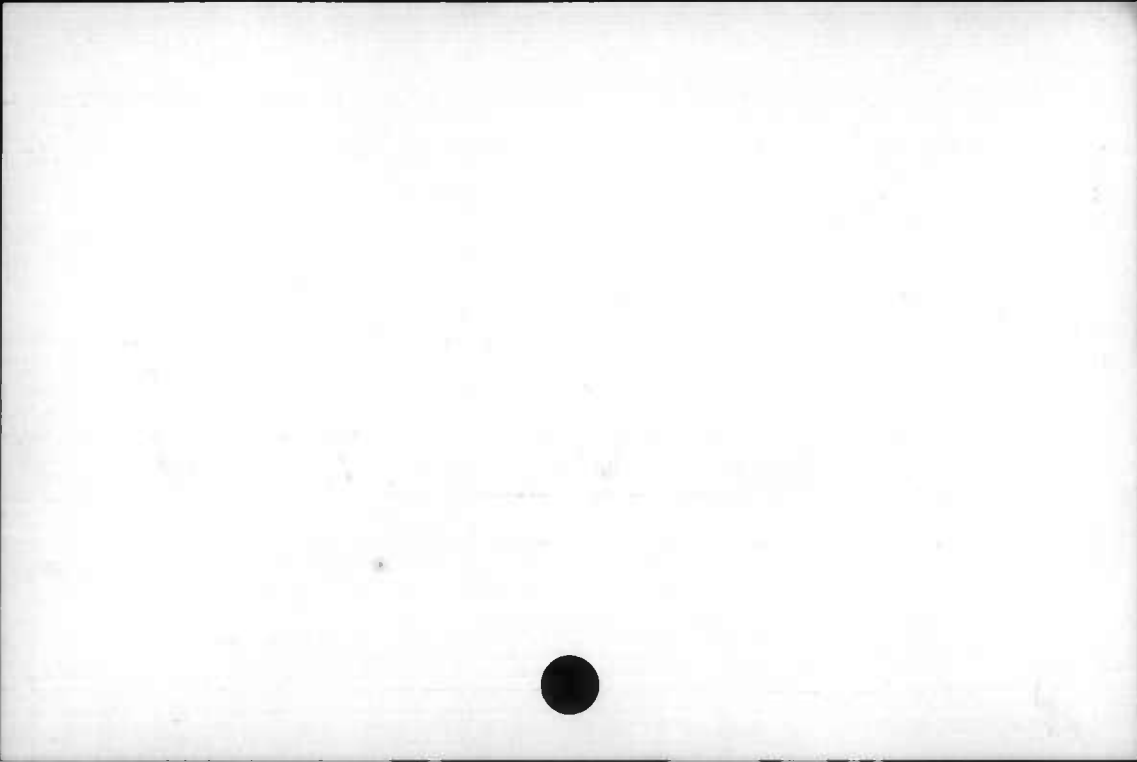
Died at <i>Hurlock</i> Town		<i>Harbinger</i> County		MARYLAND	
Date of death 190 <i>9</i>	Month <i>10</i>	Day <i>23</i> rd	Age <i>—</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Der Co</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Eugene Coolman</i>			Father's Birthplace <i>Der Co</i>		
Mother's Maiden Name <i>Aussie Harris</i>			Mother's Birthplace <i>Der Co</i>		
Name of person giving information <i>Eugene Coolman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>Robert L. Hastings, Local Registrar</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Rawleigh G. Collison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>Oct</u> ^{Day} <u>10</u>		Age <u>4</u> ^{Years}		<u>4</u> ^{Months} <u></u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>Cambridge</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank Collison</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Lottie Allen</u>		Mother's Birthplace <u>Id</u>			
Name of person giving Information <u>Lottie Collison</u>		How related to deceased <u>Mother</u>			

PHYSICIAN
OR CORONER

Primary <u>Run over by wagon</u>		CAUSES OF DEATH <u>166</u> ✓	
Wound of Leg		How long <u>8 days</u>	
Immediate <u>Embolus</u>		How long <u>6 hours</u>	
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>		Signature of Physician <u>E. E. Wolff</u>	
Accident or Suicide <u>Accident</u>		Address <u>Cambridge, Md.</u>	



Name
in
Full

CERTIFICATE OF DEATH

David L Conaway
Cambridge County

MARYLAND

Died at
Date of death 1909 Oct 10 Age 37
Month Day Years Months Days

Sex male Color or Race Black Birth-place Dorchester

Occupation Labor Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William A Conaway Father's Birthplace Dorchester

Mother's Maiden Name Hannah A Wangust Mother's Birthplace Dorchester

Name of person giving Information Hannah A Wangust How related to deceased Mother

CAUSES OF DEATH

Primary Bullet Wound of Abdomen How long 16 hours
Immediate Shock How long Gradual

Are the name, age, sex, color, date and place correctly given above? yes

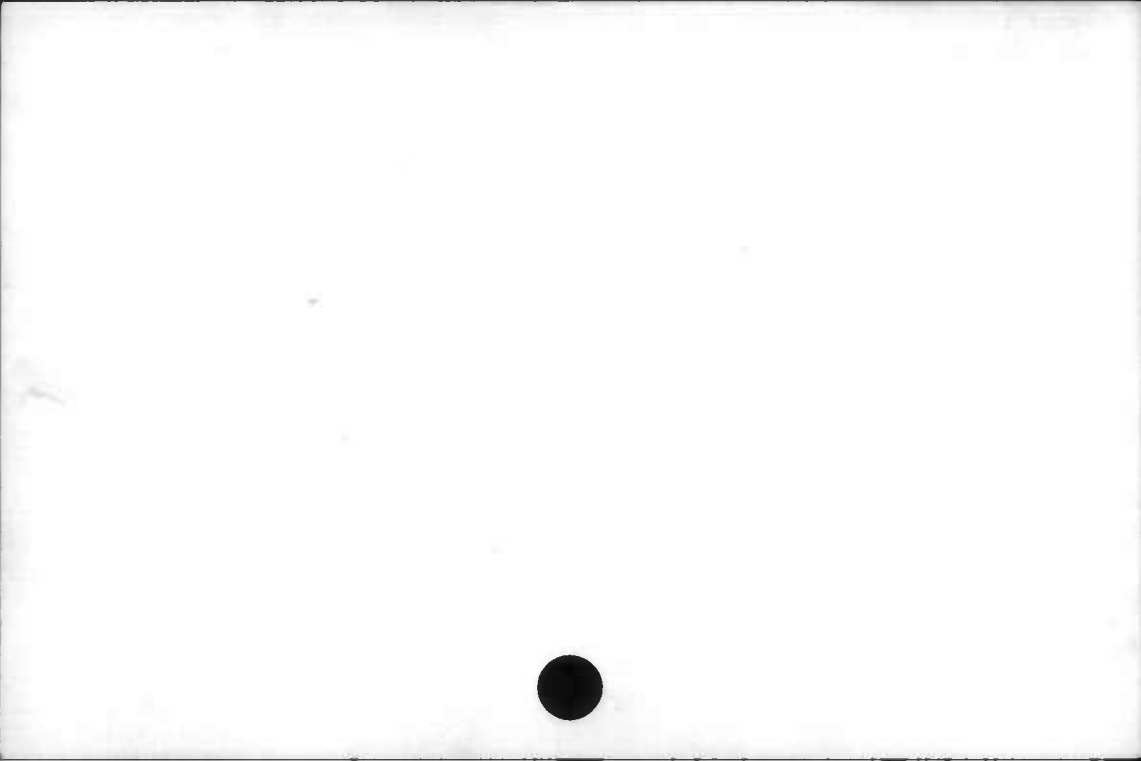
Signature of Physician E. E. Wolff

Address Cambridge, Md.
L+H

Accident or Suicide Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Martha E. Dean.

Town

County

MARYLAND

Died at

Taylor's Island

Dorchester

Date

Month

Day

Years

Months

Days

of death

1909 Oct.

28

Age

32

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widow

Single

Name of Wife or
Husband

Father's
Name

John S. Dean

Father's
Birthplace

Md.

Mother's
Maiden Name

Martha E. Meekins

Mother's
Birthplace

Md.

Name of person giving
Information

John S. Dean

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Tuberculosis. Pulmonary & Intestinal

How long

9 mo.

Immediate

Exhaustion

How long

1 wk.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

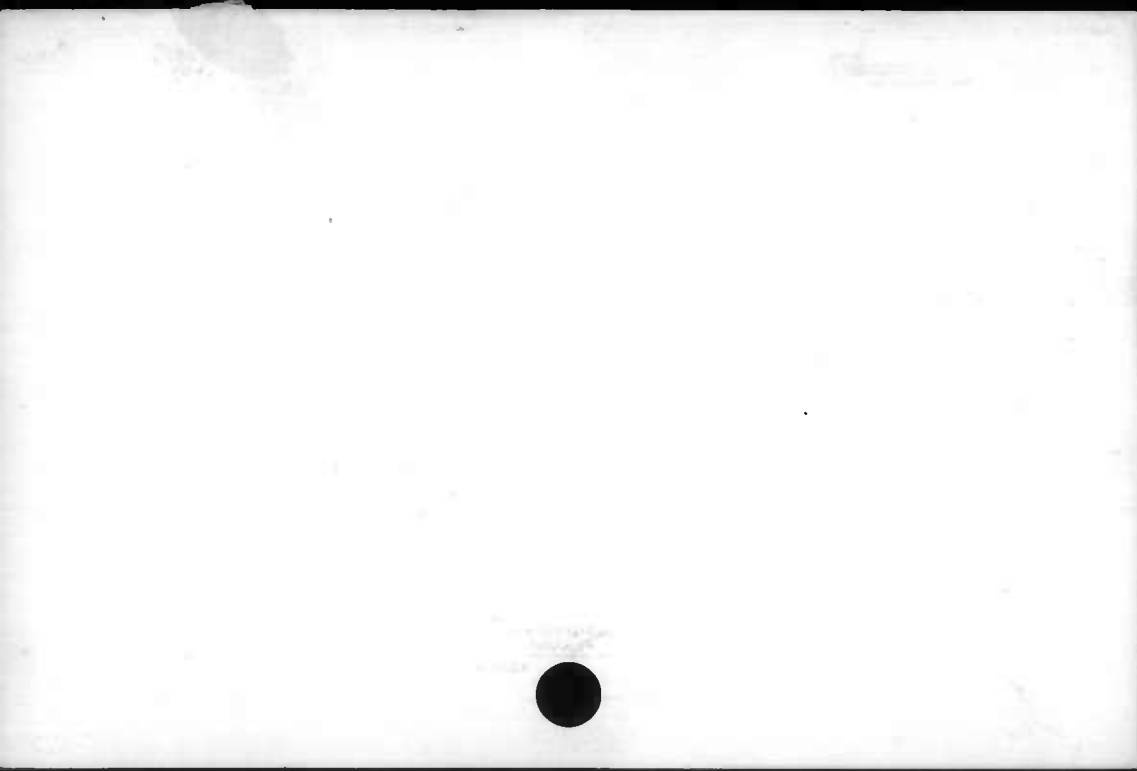
Address

Geo. K. Shriver Jr.
Taylor's Island.
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Eccles Fleuharty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

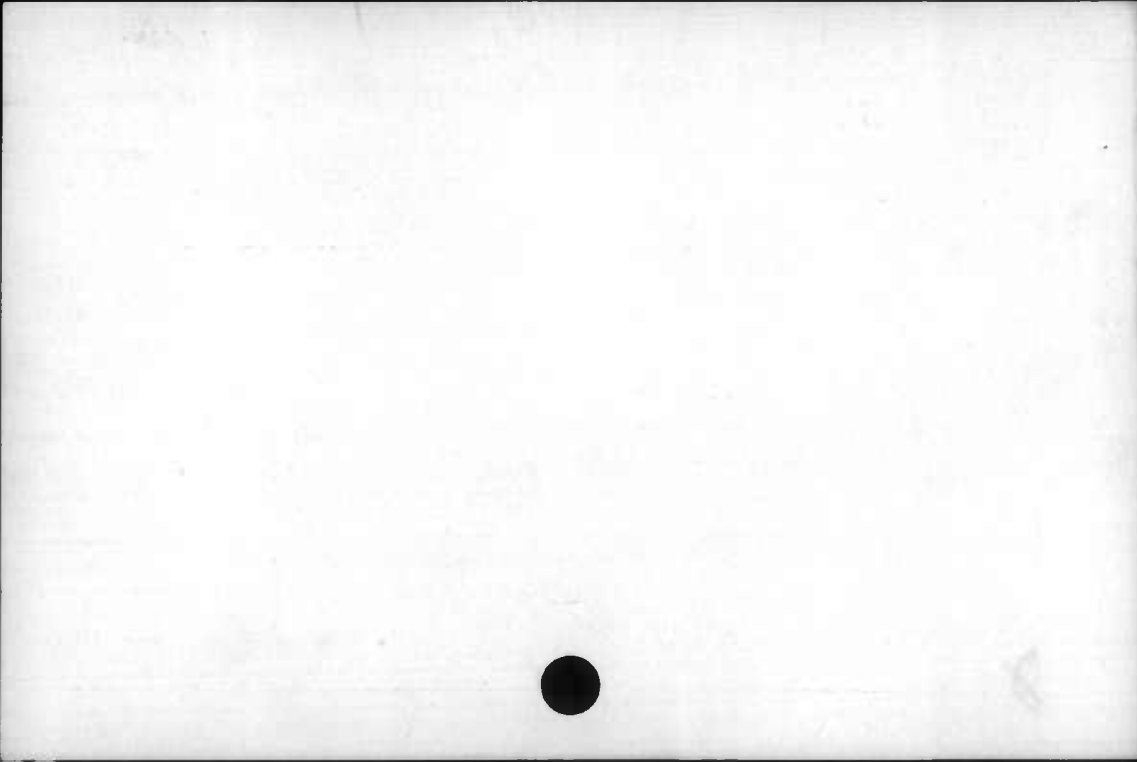
Died at <i>Elewood</i>		Town <i>Elewood</i>		County <i>Dor</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>10</i>		Day <i>27</i>		Age <i>18</i> Years	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Dorchester Co. Md</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>factory work</i>					
Name of Wife or Husband <i>not married</i>							
Father's Name <i>John Fleuharty</i>				Father's Birthplace <i>Caroline Co Md</i>			
Mother's Maiden Name <i>Roseella K Egan</i>				Mother's Birthplace <i>Dor Co Md</i>			
Name of person giving information <i>Robert Wheatley</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>3 mos</i>	
Immediate <i>the same</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Roger Myers</i>	
Accident or Suicide? <i>no</i>		Address <i>Henlock Md</i>	



Name
in Full

Helen Giese

CERTIFICATE OF DEATH

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NEAREST FRIEND

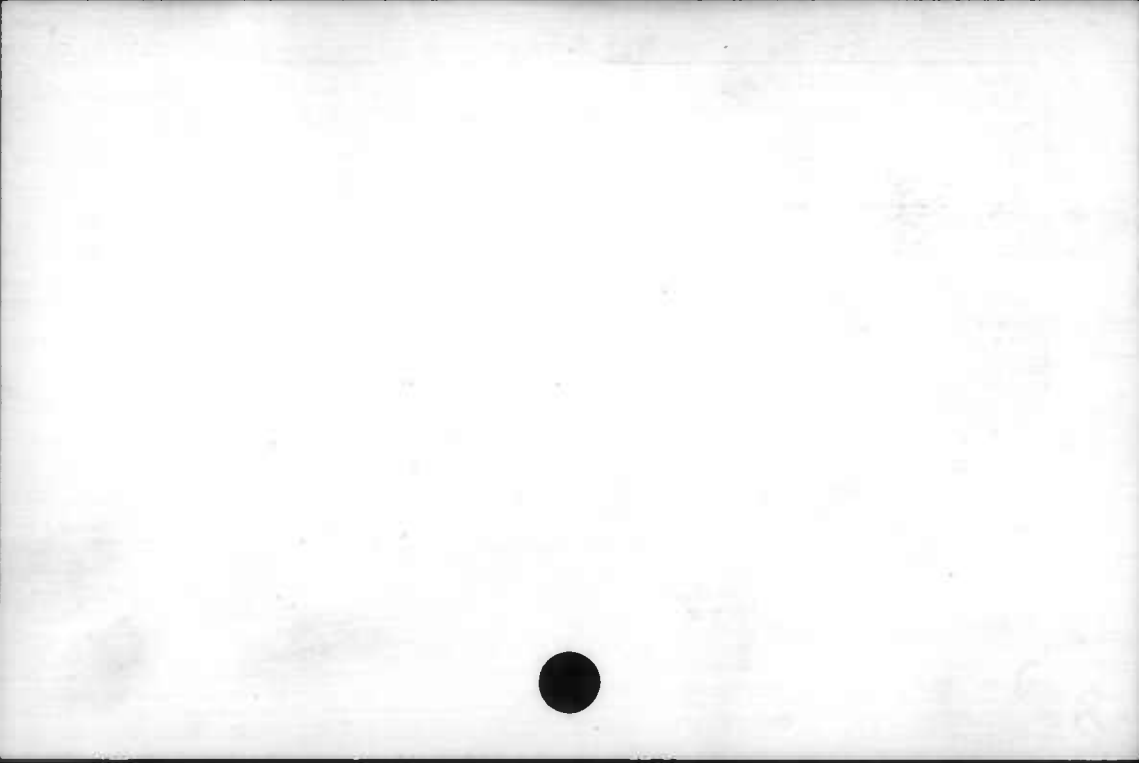
Died at *Near Cambridge* *Dorchester* **MARYLAND**
 Date of death 190 *9* *Oct.* *30* Age *23*
 Sex *Female* Color or Race *White* Birth-place *Wisconsin*
 Occupation *Housegirl* Where Residing if not at place of death *Near Cambridge*
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Wm. H. Giese* Father's Birthplace *Germany*
 Mother's Maiden Name *Louisa Beyer* Mother's Birthplace *US*
 Name of person giving information *Wm. H. Giese* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *18 months*
 Immediate *Exhaustion* How long *Some weeks*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B. M. G. Laborough*
 Address *Cambridge, Ma*
 Accident or Suicide



Name
in
Full

Louise Harris

CERTIFICATE OF DEATH

Died at

Cambridge

County

Sorchester Co Md

MARYLAND

Date
of death

1909 Oct 1

Day

Age

26

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Cherry Point

Occupation

House Wife

Where Residing if not
at place of death

Cambridge

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Harris

Father's
Name

John Harris

Father's
Birthplace

Don't know

Mother's
 Maiden Name

Hattie Lamb

Mother's
 Birthplace

Black Hall Md

Name of person giving
Information

Hattie Bayley

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Phthisis, Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

C. M. Hauler M.D.

Address

Health Officer

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8



Name
in
Full

Clifton M. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Cambridge Town Dorchester County

Date of death 190 9 Oct 9 Month Day Age 45 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Oyster Inspector Where Residing if not at place of death Cambridge "

Married, Single or Widowed Married Name of Wife or Husband Arena Hughes

Father's Name Barzilla Hughes Father's Birthplace Maryland

Mother's Maiden Name Susan Todd Mother's Birthplace "

Name of person giving Information Arena Hughes How related to deceased Wife

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Hemorrhage into the Brain How long Some hours

Immediate Paralysis How long A few hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. G. L. Colson

Address Cambridge Md

Accident or Suicide



Name
in
Full

J. Orin Jefferson

CERTIFICATE OF DEATH

Died at Cambridge ^{Town} Dorchester ^{County} **MARYLAND**Date of death 1909 ^{Month} Oct ^{Day} 22 Age 13 ^{Years} 13 ^{Months} 13 ^{Days}Sex Male Color or Race White Birthplace Caroline County

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

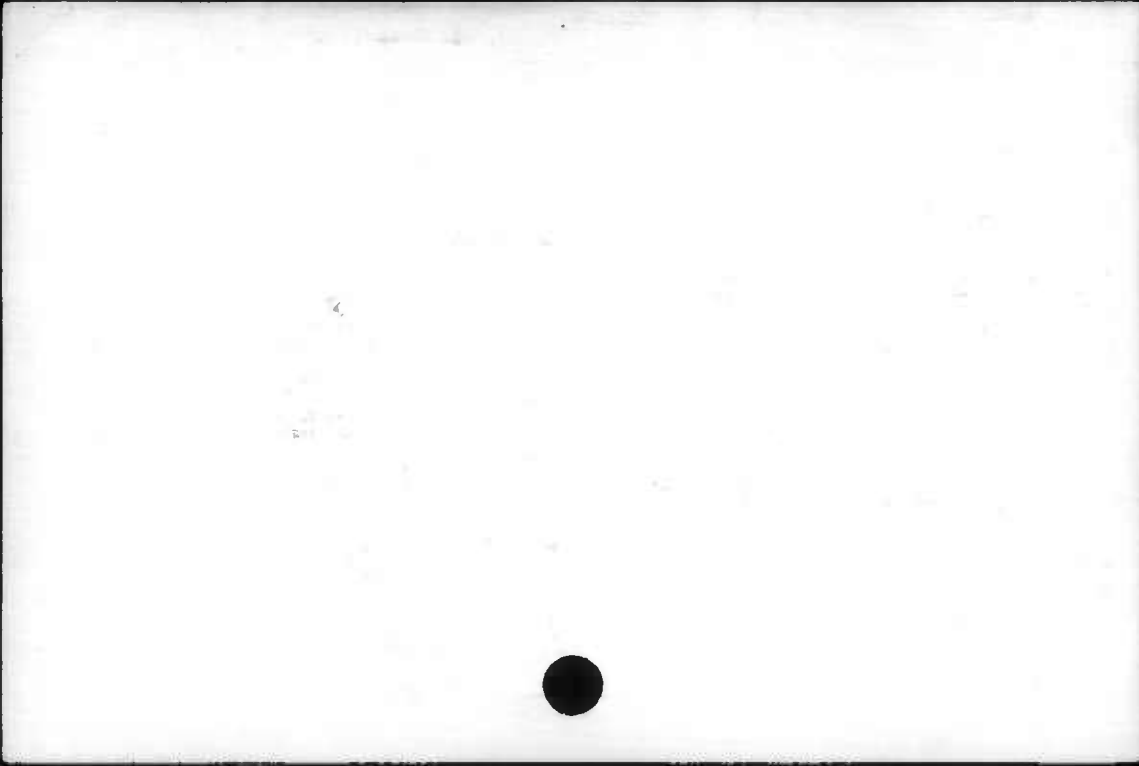
Father's Name Geo JeffersonFather's Birthplace Caroline CountyMother's Maiden Name UnknownMother's Birthplace UnknownName of person giving Information Kemp JeffersonHow related to deceased Uncle

CAUSES OF DEATH

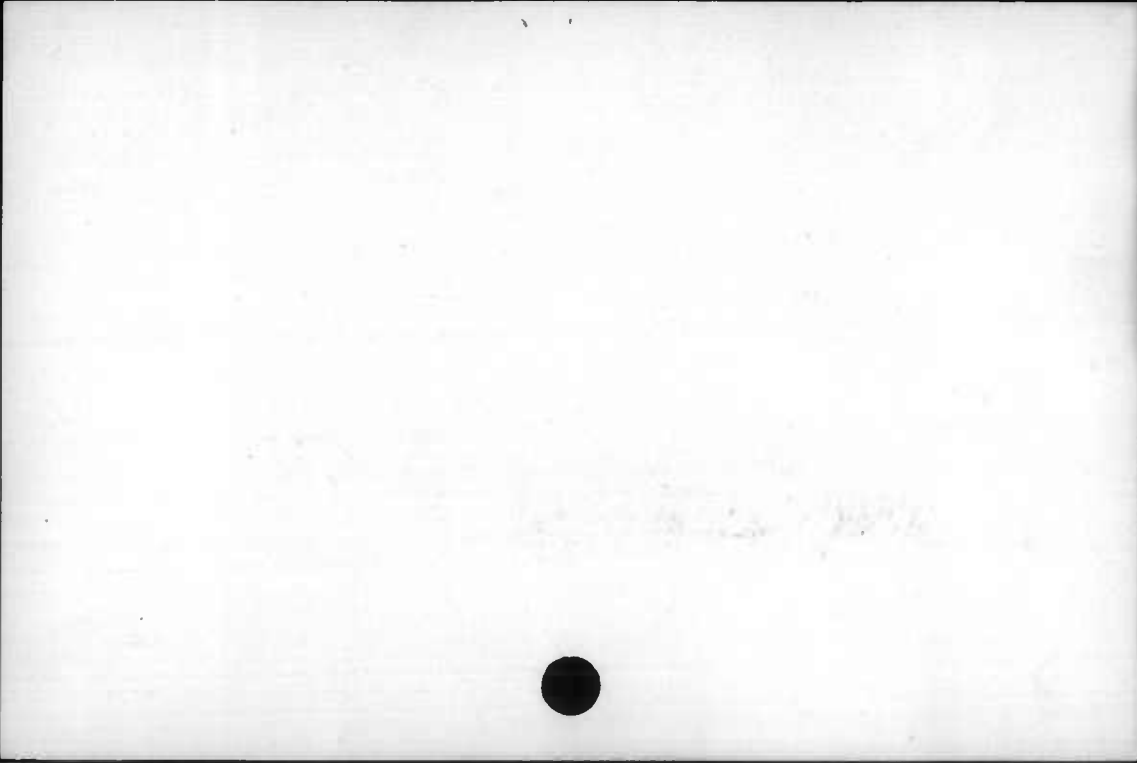
Primary Appendicitis and General PeritonitisHow long 6 daysImmediate ExhaustionHow long Some hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician BW GolasboroughAddress Cambridge Md

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Freemina</u>				<u>Dorchester</u>		MARYLAND			
		Date of death <u>1909</u>		Month <u>oct.</u>		Day <u>26</u>		Age <u>21</u>		Months <u>1</u> Days <u>21</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>ind.</u>					
		Occupation <u>Seaman</u>				Where Residing if not at place of death					
		Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>					
		Father's Name <u>Thomas Johns</u>				Father's Birthplace <u>ind.</u>					
		Mother's Maiden Name <u>Arelia Collins</u>				Mother's Birthplace <u>ind.</u>					
		Name of person giving information <u>Josiah Collins</u>				How related to deceased <u>Grand father</u>					
		CAUSES OF DEATH				<div style="border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>					
PHYSICIAN OR CORONER		Primary <u>Cholera Disenteria</u>				How long <u>week</u>					
		Immediate <u>Heart Failure</u>				How long <u>immediate</u>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>S H Blawie</u>					
						Address <u>Freemina ind</u>					
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Easton Jolly
Town *Baraboo* County *Rockwell* MARYLAND

Died at *Baraboo*

Date of death 1909 Oct 2 Age 90 Months — Days —

Sex *male* Color or Race *Caucasian* Birth-place *ind*

Occupation *Laborer* Where Residing if not at place of death —

Married, Single or Widowed *married* Name of Wife or Husband *Mary Smith*

Father's Name *Don't Know* Father's Birthplace *South New*

Mother's Maiden Name *Don't Know* Mother's Birthplace *South New*

Name of person giving Information *John F. Brown* How related to deceased *none*

CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONER

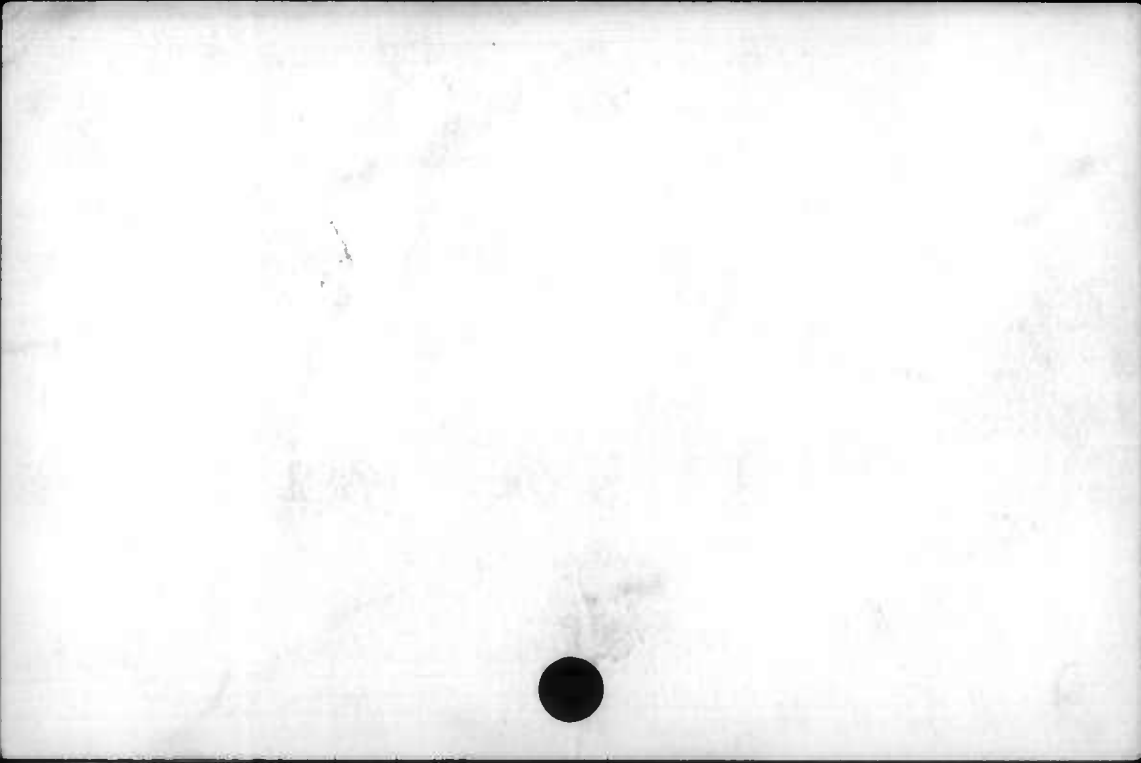
Primary *Senility* How long *154*

Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, data and place correctly given above?
no physician in attendance.

Signature of Physician *Chas. M. Stanley* Address *Heathoff*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Jenkins Jones Town *Toddville* County *Dorchester* MARYLAND

Died at *Toddville* Date of death *1909* Month *Oct.* Day *27* Age *40* Years Months Days

Sex *male* Color or Race *white* Birth place *Bishop's Head*

Occupation *systemman* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Mosie Jones*

Father's Name *Robert F. Jones* Father's Birthplace *Toddville*

Mother's Maiden Name *Emery Bramble* Mother's Birthplace *Bishop's Head*

Name of person giving Information *Wm. I. Jones* How related to deceased *brother*

CAUSES OF DEATH

Primary *(1) V* How long

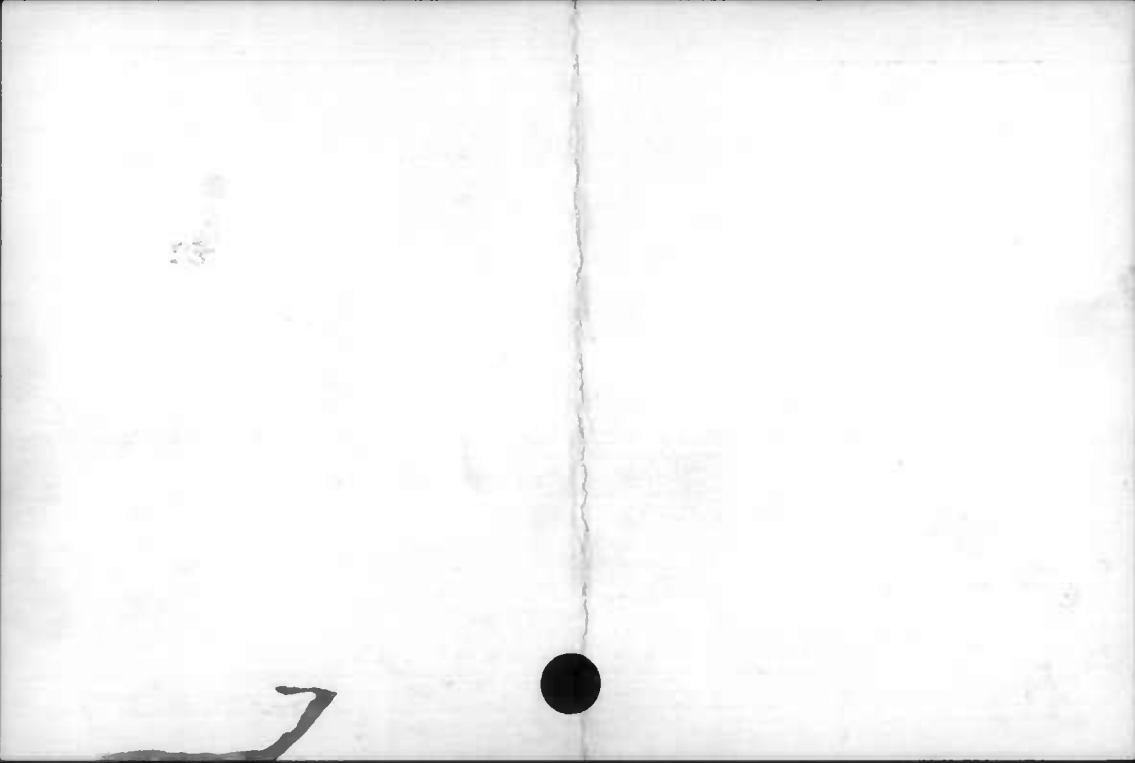
Immediate *Typhoid Fever* How long *18 days*

Are the name, age, sex, color, date and place correctly given above? *Yes, so* Signature of Physician *J. M. White*

as far as I know Address *Keapo, Dorchester Co. Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Louis Lake

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Willowburg

Worcester

Date

of death

1909

Month

Oct

Day

18

Age

Years

1

Months

2

Days

Sex

Male

Color or
Race

colored

Birth-
place

Ind

Occupation

Infant

Where Residing if not
at place of death

Married, Single
or Widowed

I

Name of Wife or
Husband

—

Father's
Name

Elwood Lake

Father's
Birthplace

Ind

Mother's
Maiden Name

Hennie Smith

Mother's
Birthplace

Ind

Name of person giving
Information

Gilbert Skinner

How related
to deceased

none

CAUSES OF DEATH

Primary

Measles

How long

2 weeks

Immediate

Convulsion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

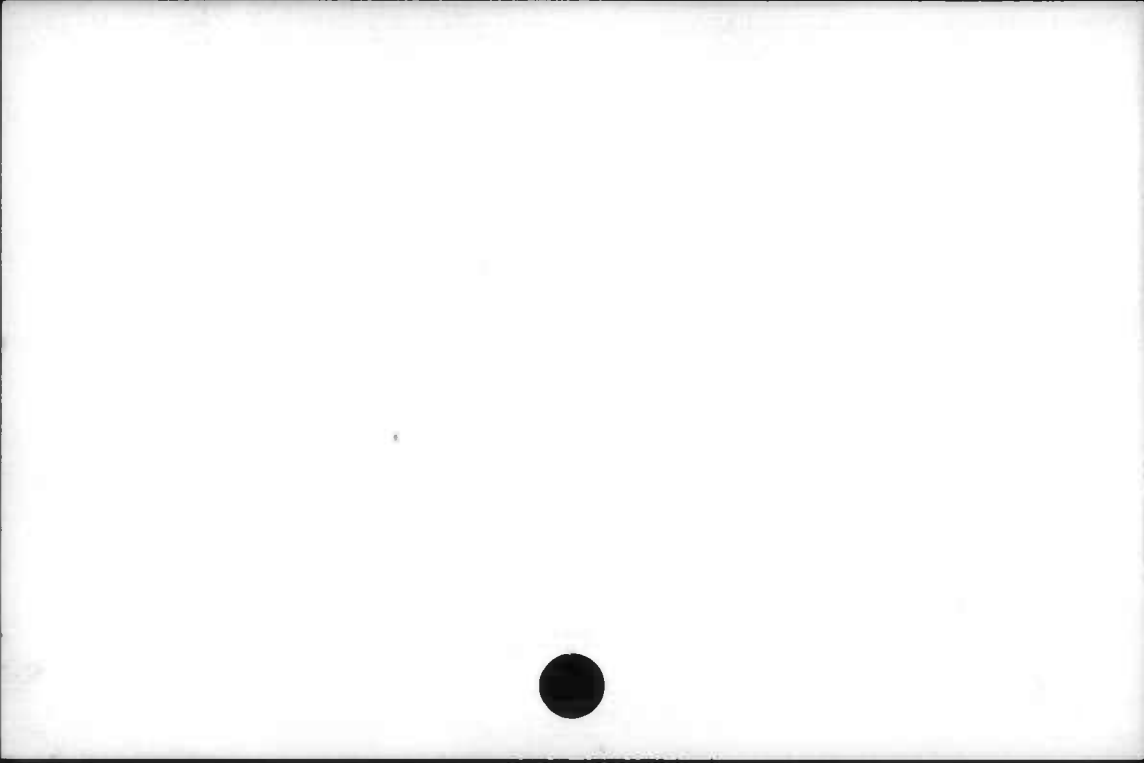
Address

B. F. Maguire
Hillsdale
Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Mathus*

Died at *East New Market* Town *Dor Co* County

Date of death 190 *9* Month *10* Day *8* Age *1* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Dor Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HuabandFather's
NameFather's
BirthplaceMother's
Maiden NamaMother's
BirthplaceNama of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Helen Meizer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1909 Month Oct. Day 27 Age 17 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death Cambridge

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Meizer Father's Birthplace Maryland

Mother's Maiden Name Addie Stearns Mother's Birthplace Nebraska

Name of person giving Information George Meizer How related to deceased Father

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary Membranous Angina How long 2 days.

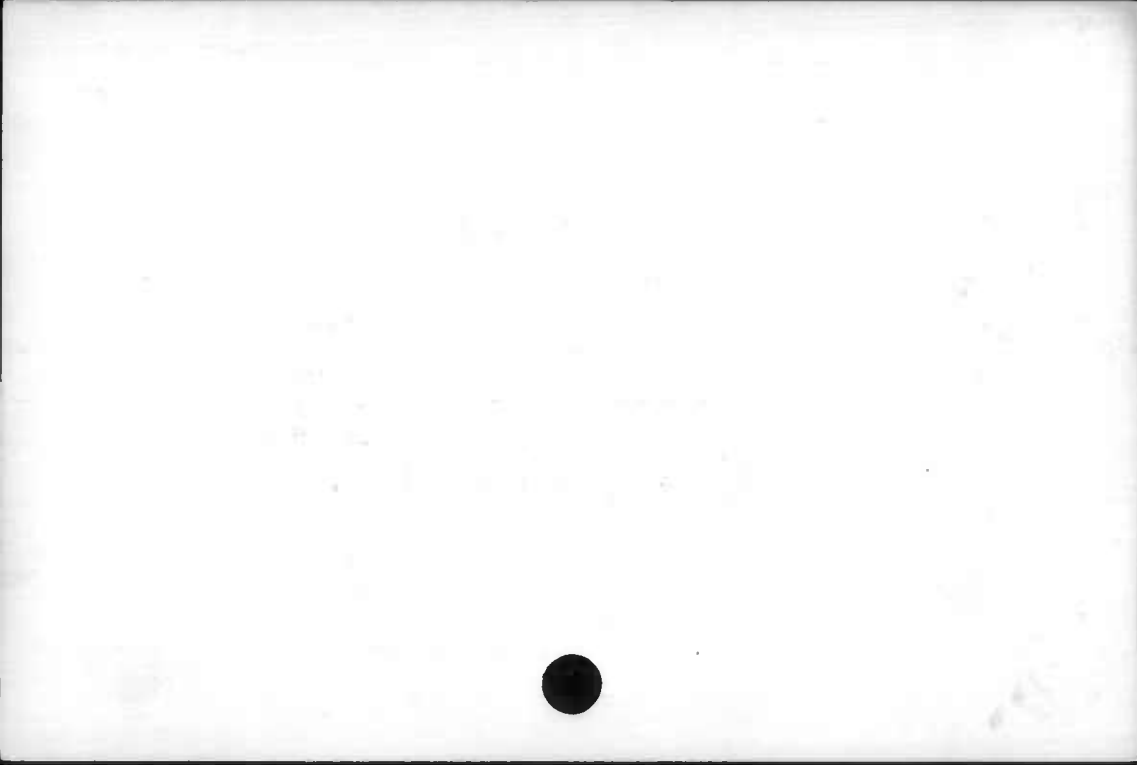
Immediate Heart Failure How long short

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Wolff

Address Cambridge, Md

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John R Moore* Town *Lloyds* County *Dorchester*
Died at
Date of death *1909 Oct 18* Age *32* Months *18* Days *32*
Sex *Male* Color or Race *White* Birth-place *8th Dist - Dorchester Co*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Sadie Moore*
Father's Name *Arthur J Moore* Father's Birthplace *Dorchester Co*
Mother's Maiden Name *Amanda Thomas* Mother's Birthplace *Dorchester Co*
Name of person giving Information *Sadie Moore* How related to deceased

CAUSES OF DEATH

166 ✓

PHYSICIAN
OR CORONER

Primary *by falling out of his wagon* How long
Immediate *or strangulation or by both* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Daniel L. Moore* acting Coroner
Address *Connersville Ind*
Accident or Suicide *accident*



Name
in
Full

Maggie A. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bishop's Head		County Dorchester		MARYLAND	
Date of death		Month 1909 Oct	Day 10th	Age 23	Months 2	Days 17	
Sex Female		Color or Race White			Birth-place Bishop's Head Md		
Occupation Housewife				Where Residing if not at place of death Died at home			
Married, Single or Widowed Married		Name of Wife or Husband Edw. E. Murphy					
Father's Name William J. Mills				Father's Birthplace Bishop's Head Md			
Mother's Maiden Name Confort E. Brantle				Mother's Birthplace Bishop's Head Md			
Name of person giving Information Confort E. Brantle				How related to deceased Mother			

CAUSES OF DEATH

Primary	Typhoid Fever	How long	28 days
Immediate	Intestinal Hemorrhage	How long	3 hours

Are the name, age, sex, color, date and place correctly given above? Yes, so

Signature of Physician

Address

for as I know

E. M. White

Graves

Accident or Suicide

Dorchester Co Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambidge</u> Town		<u>Murphy</u> County		MARYLAND	
Date of death 1909		Month <u>Oct.</u>	Day <u>9th</u>	Age	Months <u>16 days</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cambidge Md.</u>		Where Residing if not at place of death	
Occupation		Married, Single or Widowed <u>Single</u> Name of Wife or Husband			
Father's Name <u>Jas. S. Murphy</u>		Father's Birthplace <u>Orland</u>			
Mother's Maiden Name <u>Bertha Jones</u>		Mother's Birthplace <u>Orland</u>			
Name of person giving Information <u>Bertha Jones</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary <u>Primalia Birth</u>	How long <u>151</u> ✓
Immediate <u>Quinotion</u>	How long <u>all of life</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel</u>
Accident or Suicide	Address <u>Cambidge Md.</u>

PHYSICIAN
OR CORONER



Name
in
Full

Clarence Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hudson ^{County} Worcester MARYLAND

Date of death 1909 ^{Month} October ^{Day} 27^{Years} Age 42 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Caroline Co

Occupation Physician Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Edith Nichols

Father's Name John Nichols Father's Birthplace unknown

Mother's Maiden Name Mary unknown Mother's Birthplace unknown

Name of person giving Information Thomas J Seward How related to deceased Father in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart-disease How long unknown

Immediate Heart failure & falling into water How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Daniel L Moore acting Coroner

Address Cornersville Ind.

Accident or Suicide Accident



Name
in
Full

CERTIFICATE OF DEATH

Edward S Phillips Jr

Town

County

MARYLAND

Died at Cambridge

Dorchester Co

Date of death 1909 Oct

Month

Day

Age 2

Years

Months

Days

10 18

Sex Male

Color or Race White

Birth-place Cambridge

Occupation Baby

Where Residing if not et place of death

Cambridge

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name E.S. Phillips

Father's Birthplace Hopkirkland

Mother's Maiden Name Mary W. Smith

Mother's Birthplace Cambridge

Name of person giving Information E.S. Phillips

How related to deceased Father

CAUSES OF DEATH

Primary Syphrae Les

How long 3 weeks

Immediate Pneumonia Meningitis

How long one week

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

Dr Goldsborough
Cambridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sidney Bernice Prichett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston Cove</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1909	Month	Oct	Day	20
Age	4	Years		Months	11
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Kingston Town Md</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death <i>Died at home</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Not married</i>		
Father's Name	<i>James E. Prichett</i>		Father's Birthplace	<i>Kingston Town Md</i>	
Mother's Maiden Name	<i>Martha T. Todd</i>		Mother's Birthplace	<i>Kingston Town Md</i>	
Name of person giving Information	<i>Martha T. Prichett</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>Asphyxiation</i>	How long	<i>6 or 8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes so far as I know</i>	Signature of Physician	<i>J M. White M.D.</i>
		Address	<i>Croft, Dorchester Co Md</i>
Accident or Suicide			



Name
in
Full

Clady Wilson Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

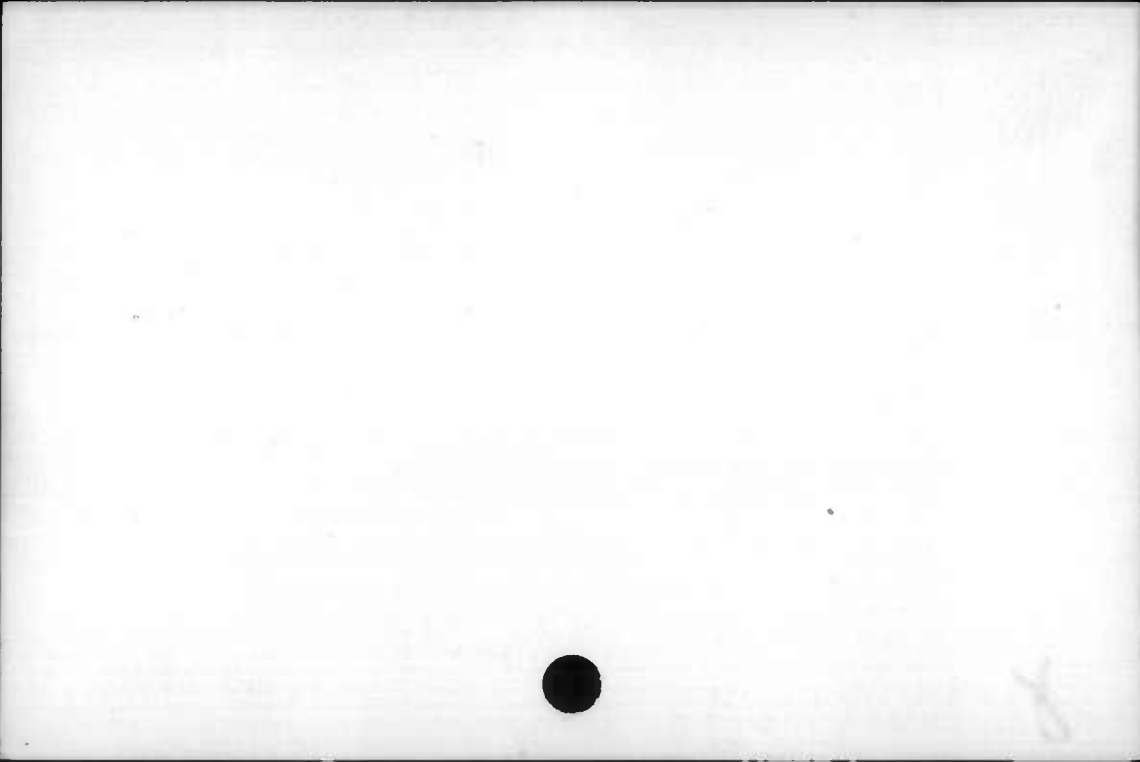
Died at <u>Fishing Creek</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>Oct.</u> <small>Day</small> <u>34th</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> <u>8</u>		Age <u>—</u>			
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Dorchester Co.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank C. Ruark</u>		Father's Birthplace <u>Dorchester Co.</u>			
Mother's Maiden Name <u>Mula J. McKinnis</u>		Mother's Birthplace <u>Dorchester Co.</u>			
Name of person giving information <u>Frank C. Ruark</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>convulsions (of no known</u>		How long <u>8 days</u>
Immediate <u>cause</u>) from <u>birth</u>		
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. J. Houston, M.D.</u>
		Address <u>Fishing Creek, Md.</u>
Accident or Suicide? <u>8</u>		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Simmons

Town Fishing Creek County Dorchester Co. MARYLAND

Died at

Date of death 1909 Oct 29 Age 0 Months 1 Days

Sex male Color or Race white Birth-place Dorchester Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Edward Simmons Father's Birthplace Dorchester Co.

Mother's Maiden Name Clara Fipple Leavers Mother's Birthplace Baltimore

Name of person giving Information Edward Simmons How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Birth How long 151 One day.

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Russell Address Fishing Creek.

Accident or Suicide



Name
in
Full

Sallie Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Duluth</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1909 Oct</i>	Day	<i>5</i>	Age	<i>42</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Seamstress</i>	Where Residing if not at place of death		<i>Duluth</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>None</i>	
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>J. H. LaCompte</i>			How related to deceased	<i>Person</i>

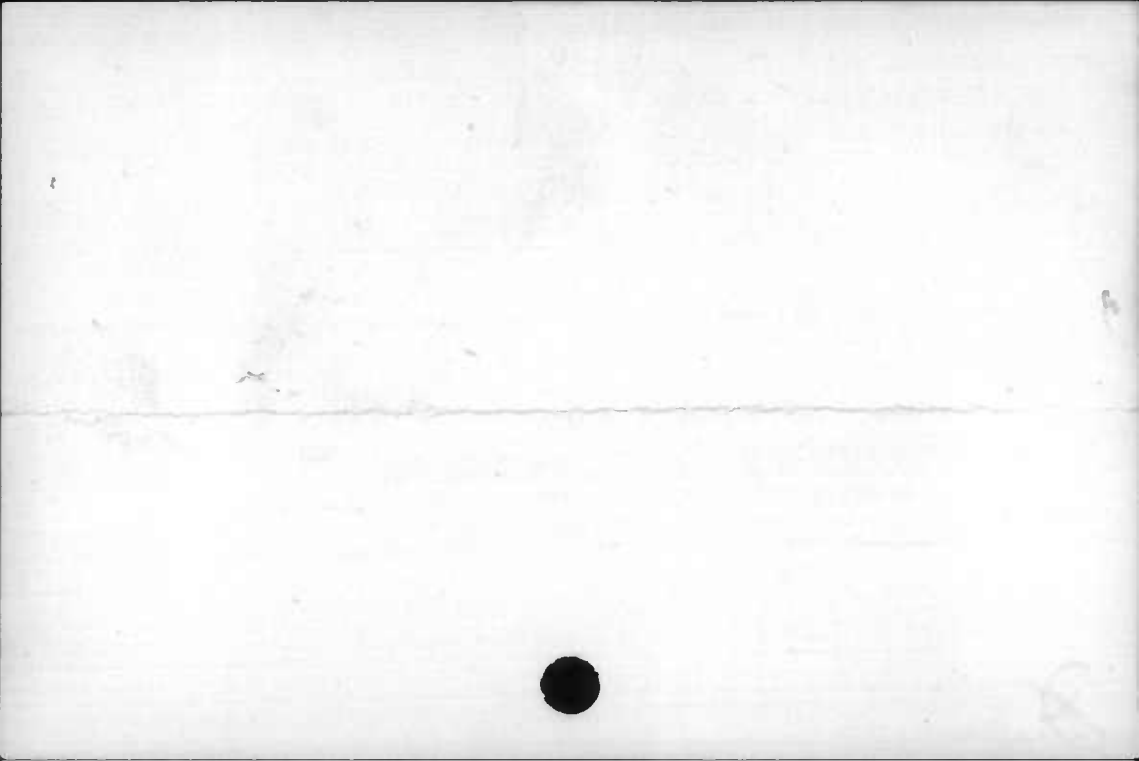
CAUSES OF DEATH

120



PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harmon B. Edwards</i>		
	Address <i>Duluth</i>		
Accident or Suicide?			



Name
in
Full

Emily Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Camberidge Town Nov County MARYLAND

Date of death 190 9 Month Oct Day 11 Age 2 Years Months Days

Sex female Color or Race colored Birth-place md

Occupation none Where Residing if not at place of death ✓

Married, Single Single or Widowed Name of Wife or Husband ✓

Father's Name Geo. Gambley Father's Birthplace md

Mother's Maiden Name Annie Stewart Mother's Birthplace md

Name of person giving Information Annie Stewart How related to deceased mother

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Enteric Colitis How long 2 weeks

Immediate Exhaustion How long gradual

Are the name, age, sex, color, date and place correctly given above? yes

No. M.D. in attendance

Signature of Physician Dr. Chas W. Hawley Address Health officer

Accident or Suicide



Name
in Full

Sullivan A. Sullivan

CERTIFICATE OF DEATH

Died at *Cambridge* Town *Dorchester Co* County MARYLAND

Date of death 1909 *Oct* Month *14* Day Age *62* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Dorchester*

Occupation *Dress maker* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James A. Sullivan*

Father's Birthplace *Dorchester*

Mother's Maiden Name *Emily E. Wright*

Mother's Birthplace *Dorchester*

Name of person giving Information *Milton Sullivan*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Valvular heart disease*

How long *25 years*

Immediate *Cardiac dilatation exhaustion*

How long *1000 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. Still*

Address *Cambridge Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Victory E Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

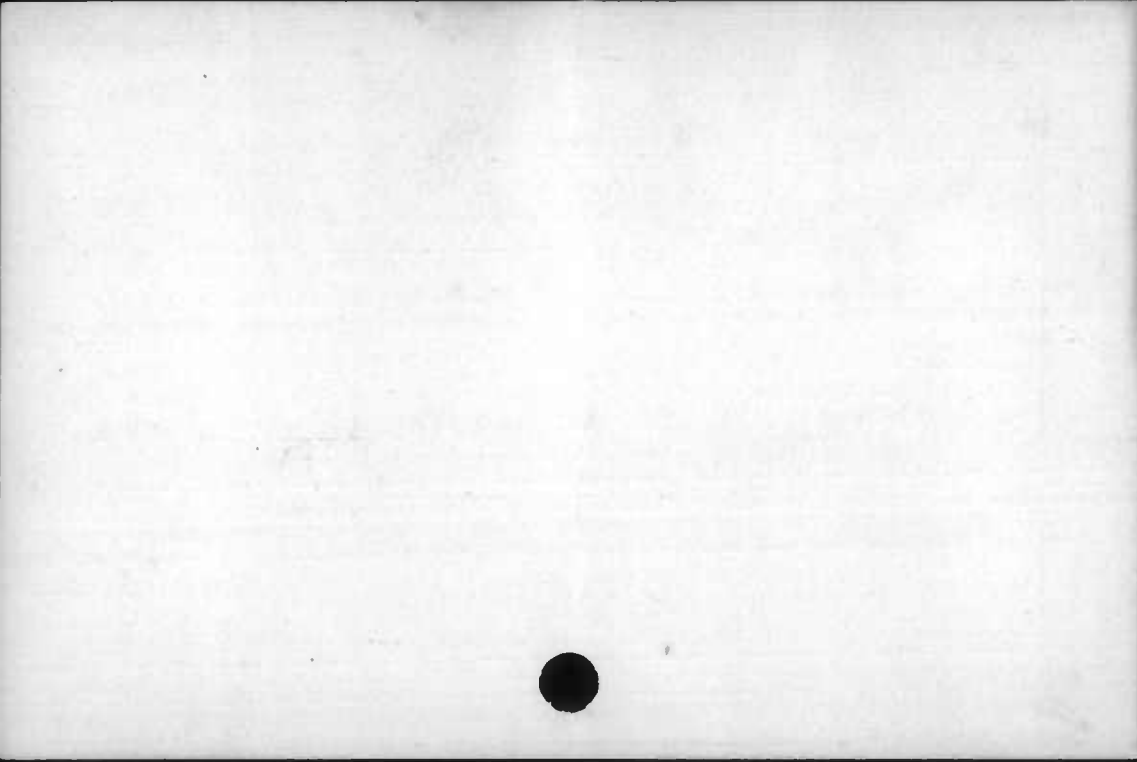
Died at <i>Todd Mill</i> Town		<i>Dorchester</i> County			
Date of death	<i>1909</i>	Month <i>October</i>	Day <i>13</i>	Years <i>35</i>	Months <i>9</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Todd Mill</i>		
Occupation <i>house work</i>		Where Residing if not at place of death <i>Todd Mill</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Uriah Todd</i>		Father's Birthplace <i>Todd Mill</i>			
Mother's Maiden Name <i>Julia Todd</i>		Mother's Birthplace <i>Todd Mill</i>			
Name of person giving information <i>anster Robinson</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>consumption</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>no physician in attendance</i>
	Address <i>Wm H. Pritchett J. P.</i>
Accident or Suicide?	<i>Subregister Bishop Head on d</i>



Name
in
Full

Infant Turner Over one yr. old

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Church Creek</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month	10	Day	13	Age	0
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Ben Turner</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary Elsey</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know, no dr. in attendance</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician <i>P. L. Linthicum</i>
		Address <i>Church Creek Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

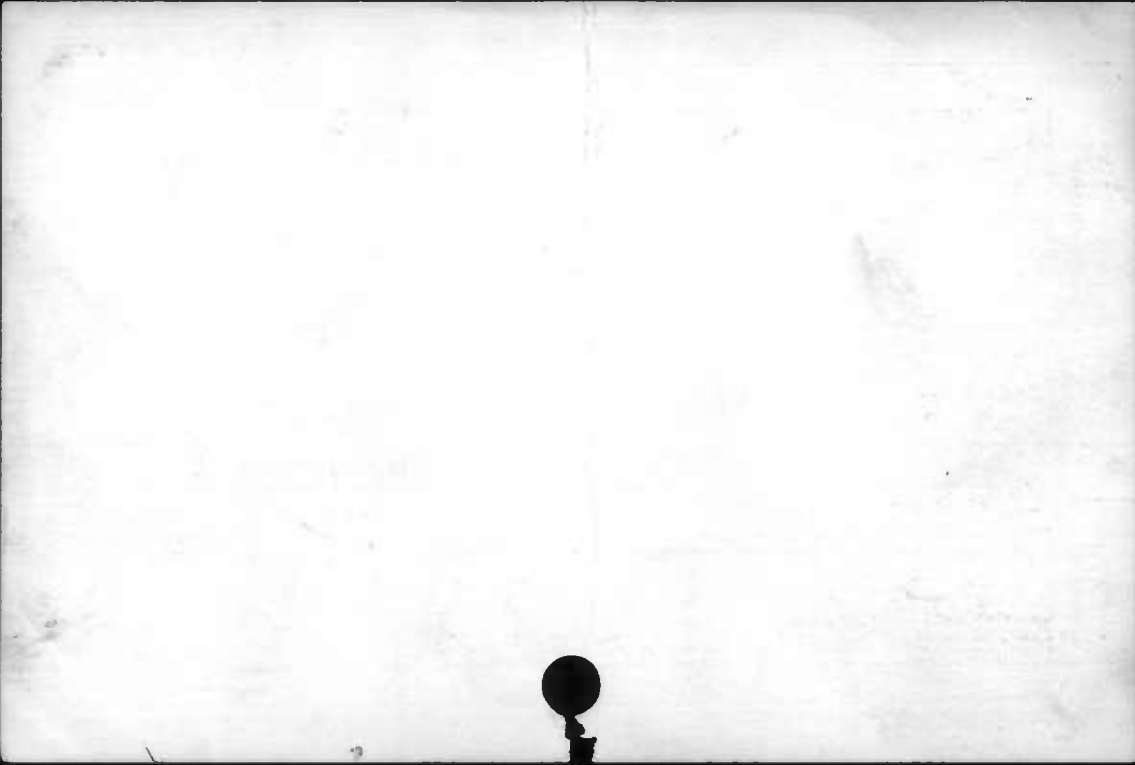
Died at		Town <i>Croft</i>		County <i>Dorchester County</i>		MARYLAND	
Date of death		190	Month <i>Oct</i>	Day <i>7</i>	Years <i>73</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>Croft</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Della Webster</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Samuel S. Webster</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary <i>Eastitis & Tabes Dorsalis</i>		How long <i>Unknown</i>
Immediate <i>Angina Pectoris</i>		How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes so far as I know</i>		Signature of Physician <i>J. M. White</i>
Address <i>Croft, Dorchester Co. Md.</i>		
Accident or Suicide		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

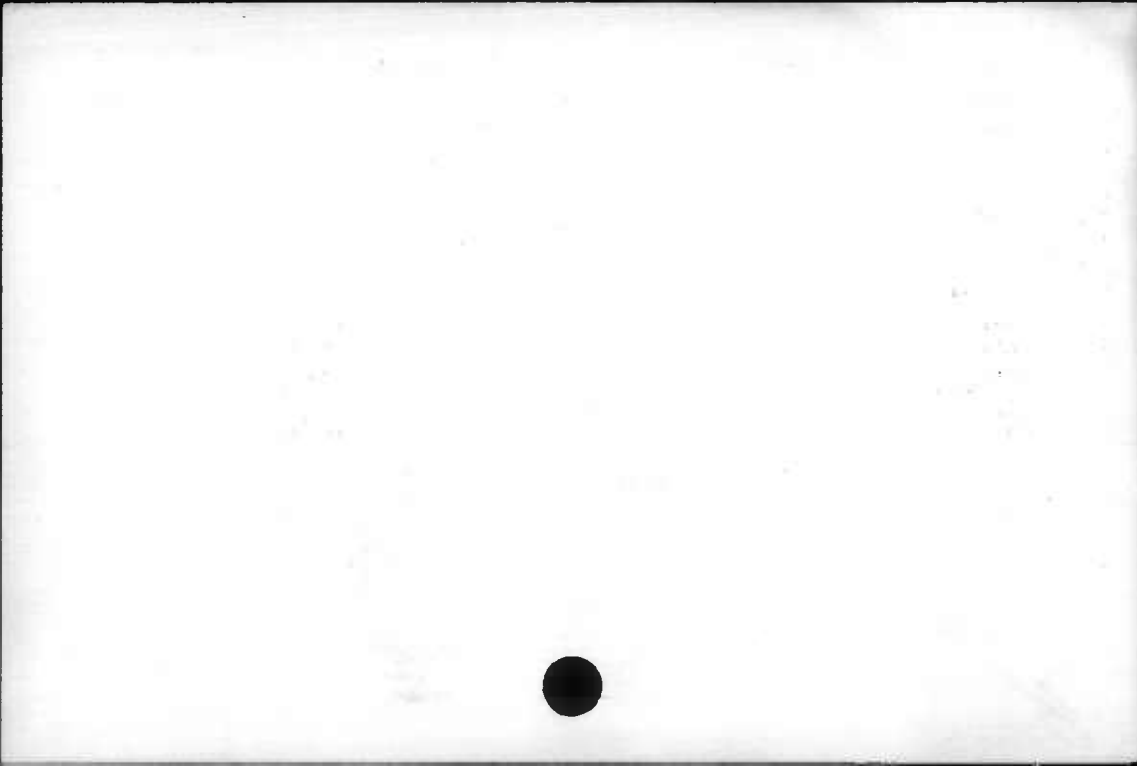
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Melden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

124

PHYSICIAN
OR CORONER

Primary		How long	
Rupture of Utricle subcaps of prostate		6 days	
Immediate Cause		How long	
Acute Necrosis		1 day	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Guy Stahl	
		Address	
		Cambridge Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Calvin B Wilson
Town Cornersville County
Died at
Date of death 1909 Oct 14 Age 5
Sex male Color or Race negro Birth-place Ind
Occupation infant Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband none
Father's Name Wm Wilson Father's Birthplace Ind
Mother's Maiden Name Hattie Travers Mother's Birthplace Ind
Name of person giving Information Wm Wilson How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis of lungs. 27 How long 6 mos
Immediate

Are the name, age, sex, color, data and place correctly given above?

yes.

Signature of Physician

Address

S. A. Stokes.
Cornersville Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full *William T. Windsor*

CERTIFICATE OF DEATH

Died at <i>Toddville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Oct.</i> <small>Month</small>	<i>1st</i> <small>Day</small>	<i>68</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Toddville Md</i>		
Occupation <i>Cysterman</i>	Where Residing if not at place of death <i>Died at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Levernia C. Windsor</i>				
Father's Name <i>William T. Windsor</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Elizabeth Robinson</i>	Mother's Birthplace <i>Toddville Md</i>				
Name of person giving Information <i>Levernia C. Windsor</i>		How related to deceased <i>Wife</i>			

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Ashtenia</i>	How long <i>1 week</i>

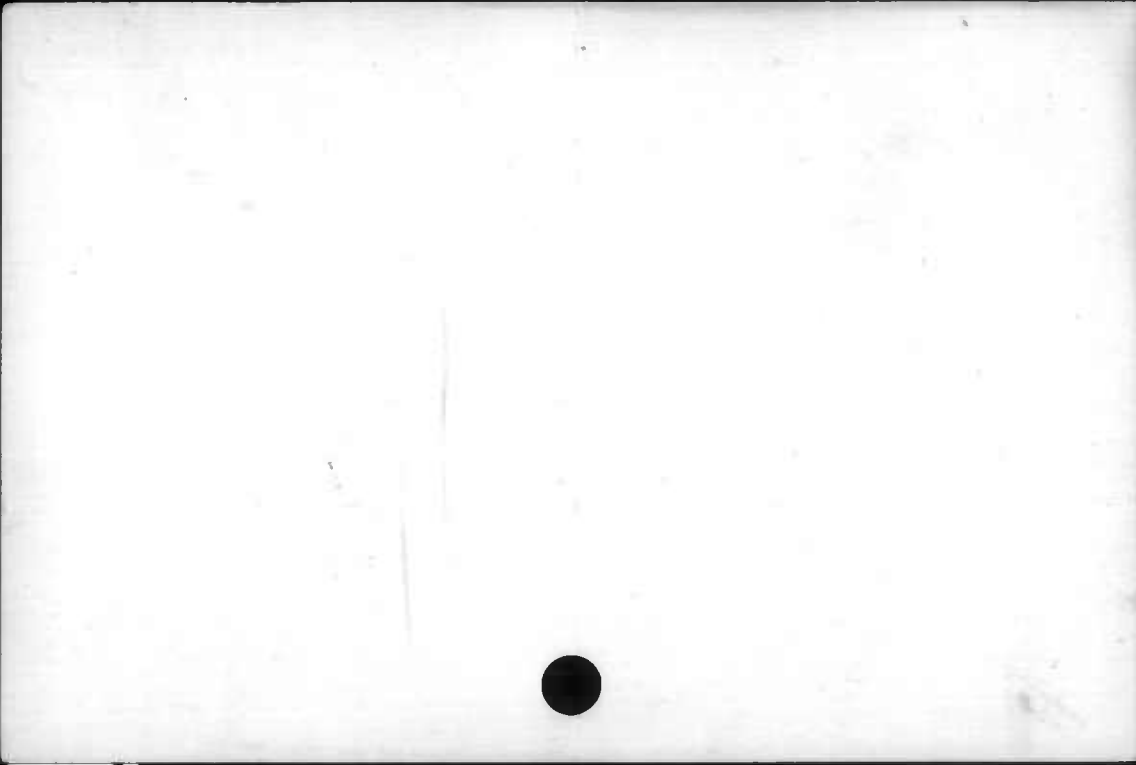
Are the name, age, sex, color, date and place correctly given above? *Yes, so far as I know*

Signature of Physician *J. M. White M.D.*

Address *Dorchester Co. Md*

Accident or Suicide *—*

PHYSICIAN OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Cambridge • Dorchester

Date

of death

1909 Oct

12

Age

38

Months

7

Days

Sex

male

Color or
Race

Colored

Birth-
place

St. Marys

Occupation

Sailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Fred Young

Father's
Birthplace

Virginia

Mother's
Maiden Name

Eliza Young

Mother's
Birthplace

Virginia

Name of person giving
Information

Ella Jones

How related
to deceased

Sister

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

Primary

Bright's Disease + Valvular lesion

How long

Some years

Immediate

Sudden heart failure

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. W. Goldsmith Jr.

Address

Accident or Suicide

